Foster Family Home - Corrective Action Report

Provider (D:

1-562381

Home Name:

Eugine Ganir, CNA

Review ID:

1-562381-5

99-278 Ohemana Loop

Reviewer:

Julie Hastings

Aiea

96701

Begin Date:

12/31/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment

Home inspection completed for a 3 person CCFFH recertification.

Corrective Action Report issued during home inspection with all items due to CTA within 30 days.

Home requesting to increase to a 3 client home.

6.(d)(1)

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department guidelines; and

Comment

41.(6)(7)

CG #3 with lapse in TB. Last TB documented was 12/14/18. TB was due on or before 12/14/19.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9)

Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)

No locks on client bedroom doors for Client #1, or Client #2

No lock on Client bathroom door. Locks must be able to be locked from inside the room with emergency access from the halfway/outside of door.

Comphance Manager

Primary Care Giver

1/9/2020 5:09 AM

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Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

CCFFH Address:

Eugine Ganir 99-278 Ohenana Loop, Aiea, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4167	CG#3 TB for 2019 laps cannot be corrected hew documentation obtain 12/31/19		put a reminduon my calendar, cellphone one month prior to expiration
536)6)	lock now client #1 #2 door and lock now on client bathroom door.	12/20	All client door lock and client bothroom main taired and check monthly

Primary Caregiver's Signature:	fy	
Print Name: Engine Albert T. G.	Date of Signature: $\frac{1/2}{2}$	2020